

GENERAL PEDIATRIC CLINIC / TEENAGER VISIT

(See Page 2 for Teenager Visit additional exams)

Completion of this form is voluntary.

Patient Name		Date of Birth	Today's Date
Age	Height	Weight	Sex
T	BP	P	R

Chief Concerns 		Past Medical History General Health / illnesses Allergies Medications Hospitalizations Surgeries Injuries / burns / fractures Dental care Immunizations	
Family Constellation and Concerns Household Members Concerns: (employment, separation, divorce, family relations)		Sexual History (if appropriate) Dating <input type="checkbox"/> Yes <input type="checkbox"/> No Sexually active <input type="checkbox"/> Yes <input type="checkbox"/> No Age at first intercourse _____ Number of partners _____ STD's _____ Pregnancies _____ Ab _____ Children _____ Fathered a child <input type="checkbox"/> Yes <input type="checkbox"/> No Contraceptive use <input type="checkbox"/> Yes <input type="checkbox"/> No Method(s) _____	
Family Medical History Asthma Cancer CVA / MI before 60 years High Cholesterol / triglycerides Depression / Psychiatric illness Diabetes HTN Renal Sickle cell anemia Substance abuse / alcoholism Sudden death (age) _____ TB		Menstrual History Menarche _____ LMP _____ Regular Periods <input type="checkbox"/> Yes <input type="checkbox"/> No Cycle length _____ flow _____ duration _____ Tampons _____ pads _____ Dysmenorrhea _____ Meds _____	
School History School Failed a grade Attitude towards school Goals / Career Absences in past year Plan to drop out this year		Anticipatory Guidance Breast / Testicular self exam Decision Making sexuality issues birth control parenting future Plans Nutrition Coping skills mood changes / depression stress / relief activities Safety driving / seat belts / bike helmet guns / personal security Sun Protection	
Social Activities / hobbies Job Sports / exercise Diet High / low weight in past year Peer relations Dating Sleep pattern Substance use (own and friends') cigarettes alcohol drugs			
Immunization	Drug Co. & Lot No.	Expiration Date	
HepB			
MMR			
Td			
Varicella			

(Cross off parts not examined or not applicable)		
Physical Exam	N	Abn
Skin: Acne-Comedones / Pustular / Nodular		
Head: Symmetry, Scalp, Hair		
Eyes: EOM, Pupils, Cornea, Conjunctivae, Fundi		
Ears: Pinnae, Canals, Tympanic Membrane		
Nose: Nares, Turbinates		
Throat: Pharynx, Tonsils		
Neck: Movements, Thyroid		
Nodes: Axillary, Cervical, Inguinal, Submandibular		
Breast Tanner Stage – 1,2,3,4,5		
Development Masses		
Habits: nail biting, tics, etc.		
Neuromuscular: Equilibrium, Motor Strength, Sensory, Coordination, Cranial Nerves, DTRs, Babinski		
Spine: Posture, Hip and Shoulder Levels		
Lungs		
Heart: Rhythm, s1, s2, Murmur		
Abdomen: Contour, LSK, Mass		

Physical Exam	N	Abn
Genitourinary Tanner Stage 1, 2, 3, 4, 5		
Hernia		
Penis		
Testes		
Scrotum		
Pelvic		
Ext. Genitalia		
Cervix		
Adnexae		
Uterus		
Lab / Saline / Gram Stain		
Gynecomastia (m)		
Extremities: (Gait, Range of Motion of Joints)		
Anus (Rectal)		
Sexual Development (Describe)		

Assessment: (Synopsis, health promotion, description of abnormal findings.)

Plan: (Treatment, education/counseling, referral)

Laboratory	Immunizations
Urinalysis	dT Status
Hgb / Hct	TB Screen
STD panel	MMR Status
Pap smear	Hepatitis B
Rubella titer	
Cholesterol	
Other	

SIGNATURE – Provider

Date Signed